

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
DECLARATION OF DEPENDENCY
* See Instructions on Reverse Side *

OFFICE USE ONLY
C. C. Code _____
Date Received _____
Date Verified _____
Approved for _____ Dependents
By _____

Soc. Sec.No. _____

COMPLETE THIS FORM AND MAIL TO:

Your telephone number: Home _____	Work _____
Spouse's Name (If you are not married, write "Single Parent") _____	Spouse's Social Security Account Number - - _____

A. Spouse Working? ☐ Yes ☐ No Full Time? ☐ Yes ☐ No (If part time, what are your spouse's weekly "gross" wages: \$ _____)
Part Time? ☐ Yes ☐ No

B. Spouse Filing for Unemployment Compensation? ☐ Yes ☐ No

Enter First and Last Name of Dependent Children	Relation- ship	Date of Birth	Receiving Child Support?		Live With You? YES or NO	Mainly Sup- ported by You? YES or NO
			Yes or No	Amount		
1				\$		
2				\$		
3				\$		
4				\$		
5				\$		
6				\$		

If any listed dependents are 18 or over: Full-time student? ☐ Yes* ☐ No Handicapped? ☐ Yes* ☐ No
(* If "Yes," please list name(s) and explain in Remarks.)

If any of the above dependents do **not** live with you, include: (1) Verification of enrollment or a copy of tuition bill if a student; (2) Copy of the court order or decree which requires you to support such dependent; (3) If the dependent is handicapped, furnish proof of the handicap, or proof of residency in a home, school, or other institution providing care of such dependent for which you are providing the main support.

PAYING CHILD SUPPORT: Are you currently paying Child Support (not including back support)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes":					
Child	How much \$	How often?	Child	How much \$	How often?

Are you receiving **public assistance** (including AFDC) or is public assistance being paid to someone else for any of the dependents listed above? ☐ YES ☐ NO If "Yes," (1) For which dependents: _____ (2) Type of payment _____
(3) Amount \$ _____ (4) How Often? _____ (5) To Whom Paid? _____

I certify that the above statements are true and correct. I also certify that I am the whole or main support of the children for whom I answered "YES" to the question "Mainly Supported By You?." I understand that the law provides penalties of fine and imprisonment for false statements made to secure benefits.

Signature: _____

Date: _____

REMARKS:

INSTRUCTIONS REGARDING SUPPLEMENTAL WEEKLY BENEFITS FOR DEPENDENTS

Supplemental Weekly Benefits for Dependents are additional unemployment benefits which are paid to eligible individuals who are the whole or main support of a qualifying dependent child. They are paid in the amount of \$10 for each dependent child for any week in which a totally or partially unemployed individual qualifies for unemployment compensation. (The maximum amount that can be paid for dependency allowances is one-half of your weekly benefit amount.)

If you want to file a claim for supplemental weekly benefits for dependents, then: 1) Carefully read these instructions; 2) Complete all items on the front of this form; 3) Mail this form to the address in the upper right-hand corner on the front. Dependency allowances will be payable starting with the week in which this "Declaration of Dependency" is received and approved.

1. Who qualifies as a "dependent child"?

A "dependent child" shall include your unmarried child who is:

1. Your natural, adopted, or stepchild, and under 18 years of age, **or**
2. Under petition for adoption, and under 18 years of age, **or**
3. Currently being supported by you as a result of a decree or order from the court, and under 18 years of age, **or**
4. Under the age of 23 if a full-time student (as defined by 39-A M.R.S.A.), **or**
5. Disregarding age, prolonged or permanently physically or mentally incapacitated.

2. Children For Whom You Have Assumed Care

Supplemental weekly benefits will not be paid for children for whom you have assumed the care and responsibility for raising, such as a nephew or grandchild, unless the child has been adopted or is under petition for adoption.

3. You Must Be The Whole or Main Support

To qualify to receive supplemental weekly benefits for dependents, you must be the "whole or main support" of the qualifying child. This means that you must be providing **more than** one-half of the cost of support for that child.

4. Spouse's Employment

You will not be eligible for dependency allowances if your spouse is employed full time and contributes to the support of a child. Also, your spouse's income from part-time employment will be taken into consideration in determining which parent is the "main support" for a child. (Your "spouse" is someone to whom you are currently married. This person is not necessarily the natural parent of your child(ren)).

5. Assistance

"Assistance" has been interpreted to mean "public assistance"; that is, assistance which is derived from taxpayers. This may include state, county, city or town assistance which is allocated for the support of a dependent such as Aid to Families with Dependent Children (AFDC).

6. Child Support

The receipt of, or the payment of, child support will be taken into consideration when determining if you are the whole or main support of a child. Payment of back support is not counted in determining which parent is the "whole or main support" of a child.

7. Both Parents Filing For Unemployment Benefits

If both parents of a dependent child are claiming unemployment benefits, only one may claim a dependency allowance for the same child. Dependency allowances may be transferred to the other parent during your benefit year if there is a change in the support for that child.